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#23

# BOARD OF CERTIFICATION

BOARD OF DIRECTORS  
DECEMBER 9-11, 1987  
AGENDA ITEM 15-e

## AMERICAN NURSES' ASSOCIATION

Report to The American Nurses' Association Board of Directors  
on Status of Accreditation of Nursing Services Program Development

December 1987

At its September 1987 meeting, the ANA Board of Directors accepted the staff report on accreditation of nursing services outlining a plan of action to be carried out in the fall of 1987 and, contingent upon budget authorization, in 1988. The 1987 phase as described in the plan has been completed.

On December 2 and 3, 1987, staff convened the Consultant Advisory Panel for Accreditation of Nursing Services (Attachment I). The Panel met to: 1) define questions to be addressed through market research; 2) suggest strategies to consider in defining the approach and involvement of key consumer groups and relevant specialty councils and organizations; 3) assist in identifying the appropriate processes and resources for the development of accreditation evaluation tools; and 4) suggest considerations in defining the organizational structure, governance and review process for a nursing service accreditation program.

The Consultant Advisory Panel identified two products and two markets that should receive priority attention in further market research. One product is a recognition of excellence in nursing services program, which could build upon magnet hospital study concepts. This should be developed for the hospital and nursing home markets, and while serving showcasing or modeling functions initially, might lead to an accreditation program later.

A second product, recommended for the nursing home market only, is full-scale agency accreditation. This program would require interdisciplinary sponsorship, with the expectation that nursing would assume the leadership role. The Panel recommends that funding and cooperation for a feasibility study be sought from the American Association of Retired Persons. One of the two products (recognition of nursing services or agency accreditation) should definitely be moved forward in the nursing home market, the Panel believes.

The Panel recommended that the Association continue to strengthen present relationships with the Joint Commission and NLN through such means as securing more nurse-occupied PTAC chairmanships and acquiring seats on the Joint Commission Board of Commissioners, supporting NLN's quest for deemed status, and promoting the acceptance of ANA's standards as integral parts of these accrediting agencies' programs. Further, the Panel recommended that standards for community nursing organizations be defined and developed as a prerequisite to the initiation of an appropriate accreditation program.

## AMERICAN NURSES' ASSOCIATION

CONSULTANT ADVISORY PANEL FOR  
ACCREDITATION OF NURSING SERVICES  
MEETING

### PARTICIPANT LIST

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Dave Fellers, CAS  
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Division of Business & Professional  
Services

Rita M. Rupp, M.A., R.N.  
Director, Program Services  
Center for Credentialing Services

RF006.gr  
10/13/87

#23

# BOARD OF CERTIFICATION

## American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Margretta M. Styles, Ed.D., R.N., FAAN,  
President

Justin A. Ryan, Ph.D., R.N.,  
Executive Director



Washington Office  
1101 14th Street, NW  
Suite 200  
Washington, D.C. 20005  
(202) 775-1800

TO: Cabinet on Nursing Education  
Cabinet on Nursing Practice  
Cabinet on Nursing Services  
Committee on Credentialing

FROM: Margretta M. Styles  
ANA President

DATE: December 21, 1987

RE: Report of the Board on Certification/Board on Accreditation Joint  
Task Force for Self Study

After reviewing the broad policy implications of the Report of the Joint Task Force of the Boards on Certification and Accreditation, I have determined that the report should be given further deliberative review for policy purposes by the Cabinets on Nursing Education, Practice, and Services, and by the Board's Advisory Committee on Credentialing. I am requesting the three cabinets establish and initiate the process by which their review can be accomplished and that a joint report be provided for the ANA Board's consideration at its April 1988 meeting. I am also requesting the Committee on Credentialing to provide its report for board consideration at the same meeting.

Staff will contact the cabinet chairperson after the holidays regarding your preferences for the review of the report.

MMS:BT:dp

Enclosures: Task Force Report  
Calendar of Meeting Dates for Cabinets on Nursing Education,  
Nursing Practice, and Nursing Services

cc: Anne H. Napier, Ed.D., R.N., C.S., chairperson, Board on Certification  
Joanne DeJanovich, M.S.N., R.N., chairperson, Board on Accreditation  
Karen O'Connor, M.A., R.N., director, Division of Nursing Practice and  
Economics  
Betty Thomas, M.N.Sc., R.N., director, Center for Governance

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NEW YORK STATE NURSES ASSOCIATION

### Memorandum

To: JKH

From: MLO

1/16

Should you consider  
letter to Gretta urging  
SNA review as well  
as Cabinet review?  
(This was sent by Bill)

ask that no final action  
be taken until the SNA  
reviews are received



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John A. Ryan, Ph.D., R.N.  
Executive Director



Washington Office  
1101 14th Street, N.W.  
Suite 200  
Washington, D.C. 20005  
(202) 775-5500

TO: Cabinet on Nursing Education  
Cabinet on Nursing Practice  
Cabinet on Nursing Services  
Committee on Credentialing

FROM: Margretta M. Styles  
ANA President

DATE: December 21, 1987

RE: Report of the Board on Certification/Board on Accreditation Joint  
Task Force for Self Study

After reviewing the broad policy implications of the Report of the Joint Task Force of the Boards on Certification and Accreditation, I have determined that the report should be given further deliberative review for policy purposes by the Cabinets on Nursing Education, Practice, and Services, and by the Board's Advisory Committee on Credentialing. I am requesting the three cabinets establish and initiate the process by which their review can be accomplished and that a joint report be provided for the ANA Board's consideration at its April 1988 meeting. I am also requesting the Committee on Credentialing to provide its report for board consideration at the same meeting.

Staff will contact the cabinet chairperson after the holidays regarding your preferences for the review of the report.

MMS:ST:30

Enclosures: Task Force Report  
Calendar of Meeting Dates for Cabinets on Nursing Education,  
Nursing Practice, and Nursing Services

cc: Anne H. Reppner, Ed.D., R.N., C.S., chairperson, Board on Certification  
Joanne DeJanovich, M.S.N., R.N., chairperson, Board on Accreditation  
Karen O'Connor, M.N., R.N., director, Division of Nursing Practice and  
Economics  
Betty Thomas, M.N.Sc., R.N., director, Center for Governance

66-7502-20



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John A. Ryan Ph.D. RN  
Executive Director



Washington Office  
1111 15th Street, N.W.  
Suite 1100  
Washington, D.C. 20005  
(202) 775-1800

### MEMORANDUM

TO: Cabinet on Nursing Education  
Cabinet on Nursing Practice  
Cabinet on Nursing Services

FROM: Anne H. Napier, Ed.D., R.N., C.S.  
Chairperson, Board on Certification  
and  
Joanne DeJanovich, M.S.N., R.N.  
Chairperson, Board on Accreditation

DATE: November 25, 1987

RE: Board on Certification/Board on Accreditation  
Joint Task Force for Self-Study Report to the ANA Board of Directors

The Board on Certification/Board on Accreditation Joint Task Force for Self-Study met November 7-8, 1987 to evaluate the present organizational and financial arrangements for conducting the credentialing programs of the association.

The findings and recommendations of the task force are detailed in the attached report. It is our belief that ANA must act expeditiously to ensure first and foremost, a sound financial base for the continued operation of the credentialing programs and to take the necessary steps to ensure that an appropriate structure is in place which provides the necessary operational autonomy and credibility expected of credentialing organizations.

Because the nature of the report focuses on governance and financial arrangements, it is the view of the task force that the report recommendations are most appropriately directed to the ANA Board of Directors. The task force has therefore requested that the report be submitted to the ANA Board of Directors for action at its December 9-11, 1987 meeting.

On behalf of the task force, we request your endorsement of the task force recommendations. In order that the Board of Directors may have benefit of your input, we would like your endorsement and/or comments submitted on the enclosed form and returned to ANA postmarked no later than December 3, 1987. Please use the postage-paid return envelopes for your convenience.

Cabinet on Nursing Services  
Cabinet on Nursing Practice  
Cabinet on Nursing Education

November 25, 1987

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At the request of the task force and with the concurrence of the staff of ANA's Division of Nursing Practice and Economics, the Center for Credentialing Services will receive the responses for the task force.

Should you have questions or wish to discuss any part of the report, please do not hesitate to call the person listed below for your cabinet:

Cabinet on Nursing Education - Joanne DeJanovich  
Work - (312) 475-7530 Home - (312) 374-1132  
Cabinet on Nursing Practice - Anne Napier  
(207) 244-3311  
Cabinet on Nursing Services - Maryann Ogonowski  
Work - (804) 786-0711 Home - (804) 783-7841

Thank you for your attention to this request.

003.dv

cc: Board on Certification  
Board on Accreditation

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# BOARD OF CERTIFICATION

## AMERICAN NURSES' ASSOCIATION

Report of the Board on Certification/Board on Accreditation

Joint Task Force for Self-Study

to

The American Nurses' Association Board of Directors

December, 1987

Recommendations: That the ANA Board of Directors:

1. Accept the Guidelines for Establishment and Operation of The National Institute for Credentialing in Nursing (attached).
2. Authorize the Board on Certification/Board on Accreditation Joint Task Force on Self-Study to incorporate The National Institute for Credentialing in Nursing by April 1, 1988.
3. Assign the budgeted excess of 1988 credentialing program revenues over 1988 credentialing program expenses to the Institute for use in carrying out the necessary transition activities.
4. Assign to the Institute the responsibility of performing the credentialing programs and activities currently administered by ANA's Center for Credentialing Services, effective January 1, 1989, including responsibility for program revenues and expenditures.

## AMERICAN NURSES' ASSOCIATION

Report of the Board on Certification/Board on Accreditation

Joint Task Force for Self-Study

to

The American Nurses' Association Board of Directors

December, 1987

The Board on Certification/Board on Accreditation Joint Task Force on Self-Study met on November 7 and 8 to evaluate the present organizational and financial arrangements for ANA credentialing programs and to develop recommendations for change indicated by the evaluation. The Task Force received consultative assistance from Ira P. Gunn, MLN, CRNA, FAAN. Ms. Gunn's report (Attachment II) is reflective of the Joint Task Force's deliberations and concerns.

The recommendations of the Joint Task Force presented here prescribe a new structure to accommodate the credentialing function of the American Nurses' Association. Endorsement of the recommendations by the Boards on Accreditation and Certification, and by the Cabinets on Nursing Education, Practice, and Services is being requested. Responses are expected to be available for the Board meeting.

In March, 1982, in response to the final report of the Task Force on Credentialing in Nursing, the ANA Board of Directors resolved (and shared with the 1982 House of Delegates for information) to work actively toward the establishment of a separately-incorporated national credentialing center for nursing under the auspices of ANA. In subsequent action, the Board of Directors proposed (in June, 1982) to establish a separate corporation to provide credentialing services. In June, 1985, the Board reconsidered, concluding that there was no compelling reason for a separate corporation at that time. The House concurred with both (June 1982 and June 1985) Board positions.

The Joint Task Force believes that compelling reasons for separate operation of credentialing programs and services are now apparent. As described in Attachment II, the continuing credibility, acceptability, and growth of our credentialing programs depend upon adequate and stable funding, nondiscriminatory pricing, operational autonomy, and avoidance of conflicts of interest. Because their recommendations focus upon credentialing governance and financial arrangements, it is the view of the Joint Task Force that the report is most appropriately directed to the ANA Board of Directors.

In order to make further and timely progress toward ensuring an effective system of credentialing in nursing, the Joint Task Force recommends that the ANA Board of Directors:



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# BOARD OF CERTIFICATION

1. Accept the Guidelines for Establishment and Operation of The National Institute for Credentialing in Nursing (Attachment I).
2. Authorize the Board on Certification/Board on Accreditation Joint Task Force on Self-Study to incorporate The National Institute for Credentialing in Nursing by April 1, 1988.
3. Assign the budgeted excess of 1988 credentialing program revenues over 1988 credentialing program expenses to the Institute for use in carrying out the necessary transition activities.
4. Assign to the Institute the responsibility of performing the credentialing programs and activities currently administered by ANA's Center for Credentialing Services, effective January 1, 1989, including responsibility for program revenues and expenditures.

Attachment I

## AMERICAN NURSES' ASSOCIATION

### GUIDELINES FOR ESTABLISHMENT AND OPERATION OF THE NATIONAL INSTITUTE FOR CREDENTIALING IN NURSING

1. NAME  
The National Institute for Credentialing in Nursing.
2. PURPOSE  
To promote human welfare by assisting the nursing profession in evaluating and improving the quality of nursing practice, nursing education, and nursing services through such means as:
  - a. development and administration of credentialing programs including accreditation, certification, and voluntary registration.
  - b. research and development relevant to measurement and evaluation of professional competence and achievement, and of quality of nursing education and organized nursing services.
  - c. other research, consultative, technical and educational services appropriate to development.
3. SITUS/TAX STATUS  
Incorporated as a not-for-profit corporation in the state in which the headquarters office is located, or other state, qualifying under Section 501 (c)(3) of the United States Internal Revenue Code.
4. INCORPORATORS AND INTERIM BOARD OF TRUSTEES  
The incorporators and interim Board of Trustees are the membership of the Board on Certification/Board on Accreditation Task Force on Self-Study and will conduct the transition activities necessary to bring the Institute to an operational state.
5. BOARD OF TRUSTEES  
The interim Board of Trustees is the membership of the Board on Certification/Board on Accreditation Task Force on Self-Study, to hold office through December 31, 1988. The initial permanent (seven-member) Board of Trustees will serve beginning January 1, 1989 and will be appointed by the ANA Board of Directors from nominations received from the Constituent Forum, NOLF, ANA practice councils, ANA Council on Nursing Administration, and ANA Council on Continuing Education (one member each) and from Board-selected representatives of the public (two members).



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# BOARD OF CERTIFICATION

Subsequent to the initial appointment, the Board of Trustees will be self-appointed from the nominations received from the Board of Sponsors and the Friends of the Institute (see below).

The terms of appointment will be for three years (initial terms staggered at three and four years) with eligibility for reappointment to one consecutive three-year term). Trustees will not concurrently serve as officers, directors, or staff of a professional nursing organization membership body.

## 6. BOARD OF SPONSORS

The Board of Sponsors consists of representatives from user groups of Institute programs and services. Initial Sponsors would include appropriate ANA councils and/or groups of ANA-certified nurses, and ANA-accredited organizations. The Board of Sponsors is the nominating body for nurse members of the Board of Trustees (appointed after January 1, 1989).

(It is proposed that the initial (ANA Board-appointed) Board of Trustees begin a three- to six-year study to determine the longer-term purpose and scope of the Institute and the appropriate participation of the broader profession (NLN, AACN, AONE, NFSNO) in the Institute's governance.)

## 7. FRIENDS OF THE INSTITUTE

The Friends of the Institute are patron contributors (corporate and individual) to the Institute's work, and serve as the nominating body for public members of the Board of Trustees to be appointed after January 1, 1989.

It is proposed that the Institute's Board of Trustees set up a foundation to receive funds from interested patrons and sponsors for such purposes as subsidizing needed programs that are not fully self-supporting and program research and development.)

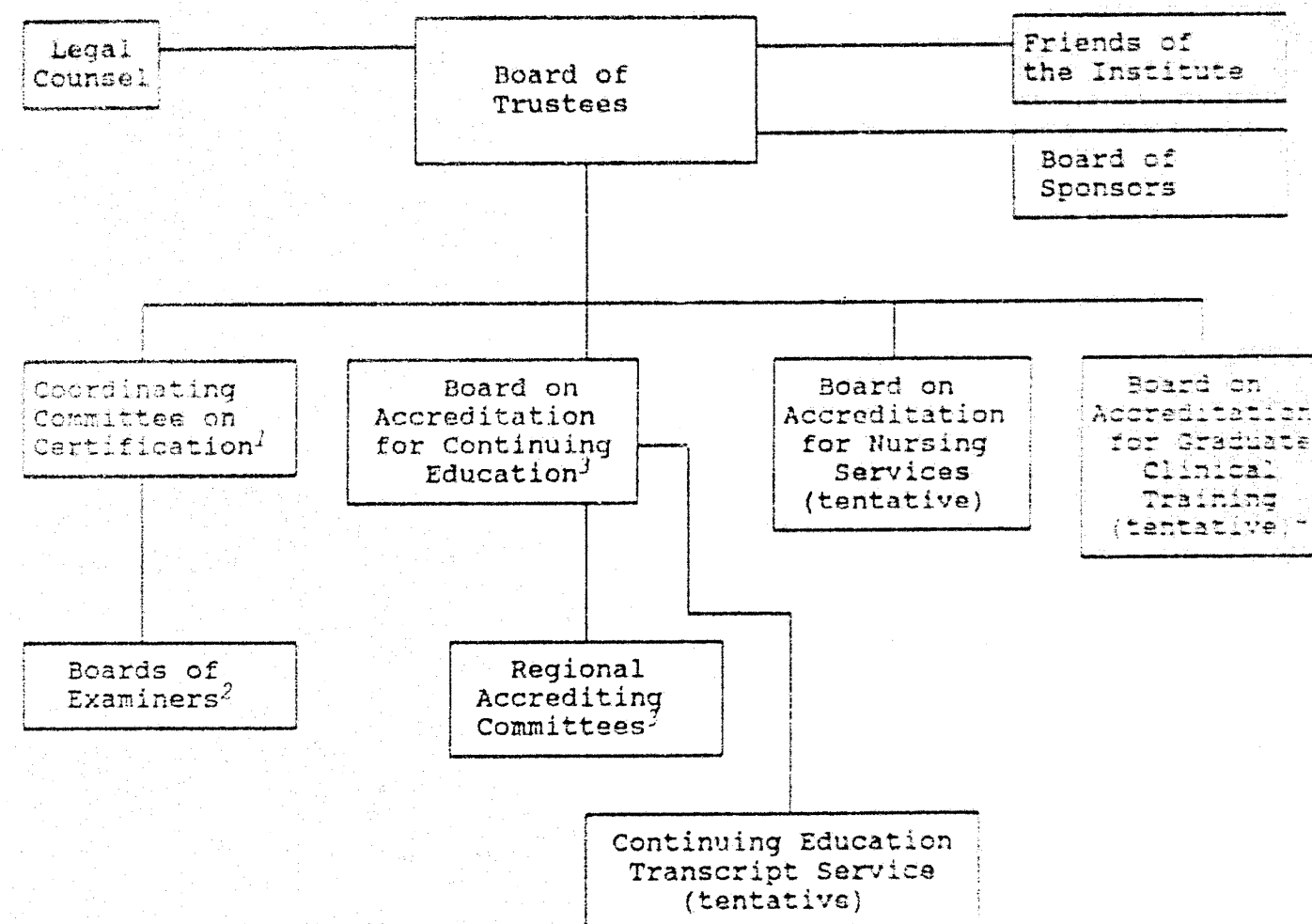
## 8. COORDINATING COMMITTEE ON CERTIFICATION, BOARD ON ACCREDITATION FOR CONTINUING EDUCATION, BOARD ON ACCREDITATION FOR NURSING SERVICES, AND BOARD ON ACCREDITATION FOR GRADUATE CLINICAL TRAINING

Each of these entities are responsible for carrying out its respective credentialing programs, including responsibility for its separate revenue and expense budgets.

## 9. STAFFING

The current ANA Center for Credentialing Services staff will become the Institute staff. ANA will provide for continuity of employee benefits pending full establishment of the new corporation, through contracting with the Institute to provide staff services or through other means.

## NATIONAL INSTITUTE FOR CREDENTIALING IN NURSING



<sup>1</sup> Coordinating Committee on Certification - formerly Board on Certification

<sup>2</sup> Boards of Examiners - Formerly Committees of Examiners.

<sup>3</sup> Current (11/87) accrediting committee configuration subject to restructuring.

<sup>4</sup> Pending passage of Senate Bill S.1745. Would require U.S. Office of Education recognition of the accreditation program.

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# BOARD OF CERTIFICATION

## REPORT OF REVIEW OF ANA CREDENTIALING STRUCTURE AND PROCESS

Ira P. Gunn, MLN, CRNA, FAAN, Consultant

The structure and process through which certification and accreditation are conferred by selected organizational units within the American Nurses' Association (ANA) were reviewed as requested. This review consisted of an examination of pertinent policies, procedures, documents, and reports, including ANA Bylaws and Board of Directors and House of Delegate reports. Further, discussions with individuals involved in both credentialing processes as staff or as decision-makers afforded opportunity for explanation and amplification.

### EVALUATION BASIS:

This evaluation is based on the expertise I have acquired over the past thirteen years through working for and with credentialing bodies, serving as a Committee member for the Study of Credentialing in Nursing and a member of the Task Force on Nursing Credentialing, attending and participating in a variety of credentialing conferences and reviews, working as consultant and for a period as Acting Executive Secretary of a certification and an accreditation council, serving as project director for petitions for recognition by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, and the National Commission on Health Certifying Agencies, and extensive reading in the field. Appendices 1-3 summarize the guiding principles and logic utilized in this evaluation and for making recommendations. As such, these should be reviewed for purposes of better understanding this report. Appendix 4 is an abbreviated bibliography which may be used to substantiate the basis for this evaluation. Though only a layman in legal matters, I have addressed some concerns about potential antitrust liability in my findings and recommendations. These concerns are based on my understanding of various published articles and my involvement in selected antitrust matters as a consultant in developing two amicus briefs and as an expert witness in multiple antitrust cases. The appendices referred to include:

1. Comments on the Legitimate Role of Professions in Voluntary Credentialing. (Appendix 1., pg. 12.)
2. Characteristics of Credentialing and Their Implications with Regards to Markets and Commerce. (Appendix 2., pg. 14.)
3. Selected Criteria Common to Governmental and Private Reviewers of Credentialing Bodies such as USOE, COPA, and NCHCA. (Appendix 3., pg. 16.)
4. Abbreviated Bibliography on Professional Credentialing (Appendix 4., pg. 17.)

### SUMMARY OF FINDINGS:

The nursing profession lags in its institution of a coherent professional credentialing structure which standardizes and gives meaning to nursing credentials in a manner to best serve the public interest. The structure

## Consultant RPT Re: ANA Credential Program (IG/11/87)

within which the American Nurses' Association (ANA) conducts its credentialing programs for accreditation and certification are farther outside the norm of professional credentialing today than when I had opportunity, as a consultant, to review its accreditation program in 1979. The following represents the principle findings of this review:

1. Over the past eight years, the ANA has not adequately addressed the need to shield the autonomy of the credentialing bodies and processes within ANA to assure their functional integrity and maintain high credibility for their credentials.

a. Lack of fiscal autonomy. (See Appendix 3.a.)

- (1) There has been a failure to provide fiscal policies and an accounting mechanism which prevent co-mingling of credentialing fiscal resources with those of the Association-at-large. While it is legitimate for an association, such as the ANA, to provide grants to support those credentialing activities which are not self-supporting, generating revenues through credentialing for support of other non-related Association programs is viewed by national accreditation and certification body reviewers as unacceptable. Further, the pressure to use credentialing revenues for unrelated purposes threatens the availability of adequate funds to carry out a credible job in credentialing.
- (2) While all professional credentialing should be done in a cost-effective manner, it is usually more difficult for accreditation programs to become self-supporting than it is for certification programs. Accreditation programs must often receive grants from a professional association. While such grant requests should be justified, it is important that these grants come to the accreditation body with no strings attached other than that they be used for the purposes requested.
- (3) Neither should the funding of accreditation and certification be co-mingled. There are mechanisms that can be set up which could allow transfer of some certification revenue to meet accreditation needs, but that should again be through setting up a Nursing Credentialing Foundation, from which funding, through a grant mechanism, can be obtained, while assuring that the condition of any grants do not compromise the operational autonomy of the credentialing body. In fact, setting up such a Foundation could allow for the use of any profits derived from a credentialing program and placed in the foundation to be a source for obtaining grants for credentialing and quality assurance research, determination of need for and start up costs of new credentialing programs (if warranted), and the like.

- (4) The Accreditation program for continuing education has not been adequately funded at least for the past year. The Board



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# BOARD OF CERTIFICATION

Consultant RPT Re: ANA Credential Program (IG/11/87)

on Accreditation and the Regional Accrediting Committees have had to conduct their business by conference calls rather than while meeting; a situation which could compromise, in fact or appearance, the credibility of the process.

- (5) The setting of accreditation fees which in effect give discounts to state nurses associations and specialty nurses associations could be questioned. It is my opinion that while the fee for providers as opposed to approvers can be different, within each category they should be the same. If the ANA wants to subsidize part of the cost of the fee for state or specialty associations that would be permissible, provided the subsidy is actually transferred to the accrediting body. Similar fee-setting principles should also be followed in the case of certification, i.e., no discounts to SNA members, subsidy permissible.

- (6) The structural unit performing the credentialing should have responsibility for controlling its own budget and fiscal resources, i.e. the Board on Accreditation and the Board on Certification, individually.

- (7) Under the current ANA organizational structure there is the potential for the House of Delegates, through setting priorities for the professional organization, to intentionally or inadvertently compromise the fiscal support needed by the Center of Credentialing Services and the credentialing groups. Further, the current financial situation that ANA is confronted with due to the failure of the House of Delegates to pass the requested dues increase can have a significant adverse impact on ANA's ability to adequately fund its credentialing function.

b. Operational Autonomy (See Appendix 3.b.):

- (1) Current evidence of lack of operational autonomy is demonstrated by the following:

(a) Lack of fiscal autonomy.

(b) The pending resolution introduced in the House of Delegates which if passed would mandate the Committee of Examiners to change its qualifications for the generalist certification areas, requiring individuals to have a BSN as a condition for taking the certification examinations.

(c) Recommendations for revising the credentialing governance structure coming to the ANA Board of Directors without concurrence of the affected credentialing program committees.

Consultant RPT Re: ANA Credential Program (IG/11/87)

- (2) The organizational structure of ANA and where credentialing falls within that structure does not lend itself to operational autonomy.

- (3) It also appears that the community of interests (consumers, employers, credentialees, the public) are not adequately represented in these credentialing processes. One of the major responsibilities of those representatives of nursing's community of interests in the development of standards, criteria, policy, and decision making, is to assure this operational autonomy.

2. The lack of adequate autonomy for ANA's credentialing function is likely to create both credibility and legal problems.

a. Professional credentials, accreditation and certification are used in many ways to serve the public. They may be used to obtain eligibility for government funding or reimbursement, for acquiring clinical practice privileges within institutions, in job descriptions, in labor contracts, and any of a host of other activities.

b. Credibility Issues:

- (1) Conflicts of Interests.

(a) As a membership organization, ANA, like other professional associations, is primarily responsible to its members, rather than to the public.

(b) There is a credibility problem for organizations who confer credentials also being the ones promoting their use for restrictive or economic purposes. Conferring a professional credential should serve primarily the public. The promoting its use, often justified as being good for the public, may actually be being done to gain an economic advantage. Paul Jacobs, in *Dead Horse and Featherbed*, (pg. 56) had this to say in 1962:

"Probably no labor dispute in the United States has been more complex and confusing than the one over who shall occupy the third seat of the jets. And probably, in no other labor dispute have the real issues been so well hidden as in this one where all the parties so frequently invoke 'safety' as an explanation for their actions. Surely, few words have been more overworked and misused. By now, it has been emptied of any real meaning; by now, it is impossible for the public to decide when a proposal made in the name of safety, as all of them are, is or isn't a cover-up, even when unconscious, for gaining economic advantage."



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## Consultant RPT Re: ANA Credential Program (IG/11/87)

- (c) The role of the ANA and state nurses association as labor organizations, representing nurses and negotiating labor contracts for the economic benefit of their members presents a direct conflict of interest in performing a function intended to serve primarily a public function.
- (d) The current federated organizational structure of the ANA, where state nurses associations constitute the ANA members, makes ANA's conflict of interests even more pronounced. The SNAs (many of whom are labor organizations) actually control ANA as its members, and as such, control ANA's credentialing program including the criteria for accreditation of continuing education and those for certification via the resolution and bylaw route. At the same time, these same SNAs are able to incorporate such criteria in union contracts to secure economic benefits for individual nurses who are the members of the SNAs and for whom the SNA is the bargaining agent. Thus, credentialing in this sense is not being used for public benefit, but for the benefit of professionals. Unions do not have the same public obligations as professions and professional organizations. In the previous structure of ANA, where individuals were members rather than states, such individuals may be union members, but as individuals, they are not the union. As such as individuals they are not the bargaining agent, though they may be a member of the bargaining unit. Individuals have much less power to control credentialing criteria and the way credentials are used than do fifty three state constituents.
- (2) The deviation of ANA's credentialing structure from the nationally accepted standards for accreditation and certification bodies.
- (a) Fiscal and operational autonomy which is a standard today for credentialing bodies is lacking and obscures the credibility of ANA's awarded credentials.
- (b) The fact that arrangements short of separate incorporation are being questioned as giving adequate operational autonomy as evidenced by two recent challenges to nursing credentialing groups lends evidence of ANA's credentialing problem:

The Council on Certification of Nurse Anesthetists, while a multidisciplinary, autonomous credentialing Council under the corporate structure of the American Association of Nurse Anesthetists (AANA), was challenged by the National Commission on Health Certifying Agencies to demonstrate its actual autonomy beyond that demonstrated

## Consultant RPT Re: ANA Credential Program (IG/11/87)

in AANA Bylaws on its last review. (Appendix 5.) There is little question about the preference of the National Commission for separate incorporation of private credentialing bodies as 501 c.3. corporations.

The National League for Nursing, following its last review by the Council on Postsecondary Accreditation (COPA), must submit a report by May, 1989 which in part requires that NLN demonstrate the "operational independence and reasonable assurance of continuity for each of the four councils responsible for carrying out accreditation" due to a perceived bylaw deficiency and other problems and demonstrate "continued financial stability". (Appendix 6.)

- (3) If ANA documents, reports and House of Delegates proceedings are reviewed with relation to ANA's basis for not accepting the recommendations of the Committee for the Study of Credentialing in Nursing and the Task Force on Credentialing in Nursing for any purpose by outside reviewers, they are more apt to see evidence of professional self-interest in maintaining control over nursing credentialing than the profession's desire to provide a credible public service.

### c. Legal Issues:

- (1) Preface: Since 1974, when the U.S. Supreme Court issued its opinion in the Goldfarb case, professions have been subject to antitrust law. While they may utilize bonafide quality concerns to promote certain restrictive or anticompetitive practices, there are legal prohibitions against utilizing quality concern as a "sham" to gain economic or competitive advantage. Further, the Noerr-Pennington doctrine, gives individuals, including professional groups, the right to lobby government agencies and legislators for purposes of incorporating standards or expanding or restricting practice of individuals who may even be their competitors. Since 1974, however, the Federal Trade Commission and the Competition Division of the U.S. Department of Justice have taken significant interest in the potential use of credentialing mechanisms by professional organizations for anticompetitive purposes. While the activities of these two federal agencies have not been as apparent in recent years as they were in the latter half of the 1970's and early 1980's, their responsibilities in this arena remain and are being used in a variety of ways. State antitrust divisions are becoming more active in these arenas as individuals seek governments to intervene in perceived antitrust matters. Further, individuals and groups are using the antitrust laws to protect their practice rights by filing court challenges in situations they deem anticompetitive. Thus professional associations and professional credentialers must be aware of potential

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liability related to antitrust, as well as under other state and federal statutes, particularly those related to civil rights and equal opportunity. In an article, "Private Credentialing of Health Care Personnel: An Antitrust Perspective, Part One" prepared with support from a grant from the National Center for Health Services Research, U.S. Department of Health and Human Services, and written by Clark C. Havighurst, Professor of Law and Director of the Program on Legal Issues in Health Care, Duke University, and an associate, Nancy M. P. King, (Research Attorney), the authors state:

"Properly understood, therefore, private credentialing is nothing more than an expression of opinion. Indeed, serious legal inhibitions prevent private credentialing bodies from going beyond expressions of opinion and from seeking, as public regulators might do, to enforce their judgments through exclusionary actions. In antitrust terms, the private production and dissemination of information and opinion are presumptively procompetitive and lawful, the collective imposition of private sanctions to enforce such opinions is anticompetitive and will usually constitute a per se violation of the Sherman Act." (American Journal of Law and Medicine, Volume 9, Number 2., pg. 135.)

- (2) While not an attorney, I believe ANA and its constituent organizations, who are also labor organizations, have potential antitrust liability based on my understanding of the above reference and other literature. ANA, as a labor organization in its own right and as a federation of states, many of whom act as labor unions for groups of nurses, confers certification on successful candidates in a process that lacks autonomy and independence. This certification credential is incorporated into labor contracts through negotiation by representatives of those same labor organization for purposes of gaining an economic benefit for the individual certified. Then the same labor groups, functioning as the professional association, may impose conditions on the ANA credentialors, making the qualifications for the credential more restrictive, which in market terms has the potential to decrease supply and further increase costs to employers and the public. Further, if it hasn't been used in this manner already, there is the potential in labor contracts to also use certification in a manner to limit certain positions, or a number of certain positions on nursing units to only certified nurses. And if some or all of these labor unions are incorporating the same kinds of conditions in their contracts, there may be further antitrust liability related to conspiracy. While it is recognized that labor unions, per se, have some exemptions from antitrust liability, there is a question that I feel should be explored relating to the professional association and the labor union being one and the same. If this in fact does not present legal problems, it certainly presents credibility concerns.

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- (3) Since ANA generalist certification has been open to all licensed professional nurses, if the pending resolution is passed by the ANA House of Delegates which would mandate the Committee of Examiners to require a BSN for this certification in the future, there is a major potential for a antitrust action to be filed against ANA on behalf of those associate degree (AD) and diploma nurses who are continuing to be licensed as professional nurses, particularly if ANA permits those AD and diploma nurses grandfathered by association policies or by state law as professional nurses to become recertified without their meeting the BSN requirement. Further, if they don't permit these grandfathered AD nurses from becoming recertified, then such nurses probably could have recourse to legal action for breaking an implied contract. And in the litigious environment we are in, whether a professional association or credentialing body can win their case or not, they are still losers. (I personally know two antitrust attorneys who are looking for the ideal case and are anxious to file suit involving either accreditation or certification in support of Associate Degree nurses.)

## RECOMMENDATIONS:

1. The current credentialing bodies within the ANA should take immediate steps to acquire the necessary authority to separately incorporate and conduct the credentialing programs outside the corporate structure of ANA. Unlike some other separately incorporated groups which ANA has spun off for tax purposes, the Board of the credentialing corporation should not be made up of the elected officials of ANA, or any other nursing group, for conflict of interest and credibility (related to control) purposes. The reasons for this recommendation are as follows:
  - a. To ensure and maintain the credibility of the professional credentials that nurses have obtained through the ANA certification program and to preclude possible exclusion from any of those credentials by governments or private organizations in determining reimbursement eligibility or participation in other approved programs.
  - b. To maintain a viable private nursing credentialing mechanism for review and accreditation of continuing education approvers and providers of continuing education offerings. It should be kept in mind that there is a tie between accredited continuing education and some relicensure and recertification processes. This tie is the reason why accreditation programs must be kept separate from certification programs.
  - c. To allow ANA and its constituent members to be totally free to promote policies and programs that are fully in the interest of



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their individual members without concern for conflicts of interests and while reducing its potential antitrust or other type legal liability.

2. If the above recommendation is adopted and implemented, strong consideration should be given to authorizing the Task Force which was brought together to study the governance structure and fiscal stability of ANA credentialing programs in November, 1987, to:
  - a. Serve as the incorporating members for filing for corporate status for the credentialing organization with instructions to move expeditiously in this matter; and,
  - b. Serve as the first board members of the credentialing organization and be charged with seeking professional support, needed funding, and establishing the organization while affording continuity for the credentialing program now in progress. This Task Force is representative of the ANA Councils having selected responsibility within ANA credentialing programs, and has expertise in the current credentialing programs offered.
3. The ANA Board should be requested to approve the report of the Task Force and agree in concept to its recommendations with regard to the organizational structure of the new corporation.
4. The current ANA Center for Credentialing Services staff should become the staff for the new corporation and ANA should provide for some continuity of employee benefits pending full establishment of the new corporation. This could be achieved possibly through the new corporation contracting with ANA for staff while becoming fully established and operational.
5. If the ANA Board is hesitant to adopt the first recommendation, it should seriously consider securing a second legal opinion from an attorney specializing in or having experience in associations (trade organizations) and antitrust law regarding its possible antitrust or other legal liability on the basis of the relationship between:
  - a. Its current structure and functions.
  - b. Its status as a labor organization, advocating and negotiating for the economic and general welfare of its members.
  - c. The lack of autonomy of its professional credentialing program.
  - d. The use of its own credentials in the labor contracts negotiated by ANA's constituent member states to acquire economic benefit for the members of the constituent member organizations. It is suggested that since Clark C. Havighurst and Nancy M. P. King have authored the comprehensive study report on *Private Credentialing of Health Care Personnel: An Antitrust Perspective*, that this

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might be both the best and most cost-effective source to obtain such an independent consultation.

### COMMENTS:

1. It would appear from my review of the ANA Bylaws, and from a review of the resolutions passed by the House of Delegates, the ANA Board may have the authority to act on these recommendations without referral to the House of Delegates. However, a parliamentarian or legal counsel should review this matter to assure the Board that it is only taking a political, rather than a legal risk if it moves to implement these recommendations without submitting them to the House of Delegates for decision. However, if the recommendation to separately incorporate the credentialing service of necessity must go to the House of Delegates, it will be necessary to adequately market it based on addressed concerns in this report because of the past history of such considerations by the House of Delegates.
2. Expeditious action is needed for implementing these recommendations. It is believed warranted for the following reasons:
  - a. The current organizational and financial instability of the American Nurses' Association appears to be adversely affecting some aspects of the maintenance and developmental aspects of the ANA credentialing program.
  - b. The current period is one in which there are a multitude of legislative and regulatory initiatives aimed at cost-containment in health care with proposals for opening up the delivery system and reimbursement mechanisms to nursing and nurses. In those in which professional credentials may be used as qualifications for participation in various programs, ANA should assure that those credentials are not subject to challenge on the basis of their credibility.
  - c. Credentialing, as a public service, should be removed from the interprofessional political arena where it may be used as a bargaining chip.
3. It should be recognized by all parties concerned that the problems facing the ANA today may cause further fragmentation in nursing and an increase in the proliferation of nursing organizations. As such nursing credentialing may face further fragmentation. The recommendations of the ANA Task Force which met November 7-8, 1987, with regard to a separately incorporated credentialing body, provides a mechanism by which even if future ANA actions lead to the formation of new nursing organizations, further fragmentation of credentialing efforts might be avoided.
4. Review of ANA documents reveal that some nursing leaders have equated ANA control over nursing credentialing with enhanced power both within



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and without the profession. Unfortunately, this has not proven to be a fact, and the reason for it has been that private voluntary credentialing has no power to control, until it attains public acceptance as being meaningful. As nursing has matured as a profession, so has society matured and recognized that self-regulation without public accountability is unacceptable. We must come to grips with these new rules within our society as we are to avoid self-defeating behavior as individuals and as a profession.

It is my belief, that an association's power is not judged on the basis of what it has control over, but rather its ability to influence society and its institutions and trends in meaningful ways. Neither is the ability to influence a function of control in an intelligent and democratic society. I believe influence, related to professions, is an attribute that stems from integrity, credibility, and the ability to place public concern and professional interests in an acceptable balance. And that ignoring nationally recognized criteria for private, voluntary credentialing is self-defeating because it does to lend itself to making ANA credible. Under current circumstances, there will always be questions of credibility in credentialing, public interest versus professional self-interest, whether it is justified or not. Public skepticism does not permit professions today the same freedom in self-regulation that they had in the past. As Paul Jacobs stated and implied, professional and occupational groups have for too long invoked concepts of safety and quality as a coverup for gaining economic interest. This is the basis for society's demand for public accountability in the credentialing process.

I believe that the American Nurses' Association must position itself to become the most credible influence in health care if it is ever to gain the power it desires, and the leadership position within nursing it deserves. Essential for achieving such a position is its ability to demonstrate the necessary leadership and influence to put nursing's house in order and achieve professional unity. Closing the circle on nursing credentialing in a credible manner will remove a major stumbling block to such achievements.

Ira P. Gunn, MLN, CRNA, FAAN  
November 14, 1987

Enclosures:

1. Comments on the Legitimate Role of Professions in Voluntary Credentialing.
2. Characteristics of Credentialing and Their Implications with regards to Markets and Commerce.
3. Selected Criteria Common to Government and Private Credentialing Bodies and the Recognition Criteria of USOE, COPA, and NCHCA.

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4. Abbreviated Bibliography on Professional Credentialing.
5. Extract: AANA Bylaws Re: Credentialing Councils.
6. Extract: COPA Committee on Recognition Report Re: NLE Review.

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## APPENDIX 1

### COMMENTS ON THE LEGITIMATE ROLE OF PROFESSIONS IN PRIVATE CREDENTIALING

1. While it is true that society has traditionally delegated a self-regulatory role to professions in determining their own standards, we must look at why and for what purpose, and whether the same conditions exist today as when this was established.
  - a. Some professions evolved from guilds who were permitted to determine the requirements for journeyman credentials and the educational and experience standards by which apprentices might acquire journeyman status. Many of these guilds did not have legal status, nor were they provided with legally endorsed monopolies by governments, such as has evolved for the professions in the late nineteenth or the twentieth century.
  - b. As the professions evolved, there were expectations that they would provide a learned, public service, and would be imbued with those moral, ethical, and humanitarian characteristics which would keep them from abusing the public trust. Thus self-regulation was permitted. Yet professions were not content to regulate themselves, but actually promoted legalized monopolies, supposedly for public protection or public safety.
  - c. Over time in health care, these legalized monopolies, along with those which have resulted from so-called voluntary credentialing, have become so pervasive and restrictive that concerns have been expressed as to whether, or to what extent, the disproportionate increase in cost of health services results from such causes.
  - d. Concerns about professional self-regulation and government regulation have spawned many debates, including recommendations to move to institutional licensure, delicensure, etc. Indeed, institutional practice privileges is a form of institutional credentialing used for a variety of health professionals. Trends currently within the Joint Commission on Accreditation of Hospitals may well foster a resurgence of emphasis on institutional credentialing but under the control of the medical staff in hospitals.
  - e. Survival and utilization of both governmental and private, voluntary credentialing in the market place will depend in large measure on the effect those credentials have on the market and economy as well as to the extent the public continues to accept them as being credible.
2. There are problems with professional self-regulation because professions have not been perceived to do a good job of policing their own members. Professions are really not in a good position to perform

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this function in many states because of their potential liability in attempting to take away a perceived "property right" for cause. While private certification may or may not be perceived in the same light as licensure as a property right, a good case can be made that some private certifications have, overtime, become sufficiently mandated as to constitute a property right.

3. Professional expertise is required to make valid judgments about standards, qualifications, and practice policies. Thus professionals have a distinct responsibility in their definition. A professional association, representing a group of professionals, is a major member of the community of interests affected by credentials and credentialing processes. But they are not the only interest if credentials are promoted to be used by the public as meaningful in consumer choice. Consumers, employers, even the public-at-large have a vital interest in professional credentials and credentialing processes. In essence, through independent credentialing organizations, it is the role of the professional representatives to advocate incorporation of the profession's standards into the credentialing process. It is the role of the other members of the community of interest representatives to determine to what extent such standards, and the process through which the credentials are conferred, take into consideration the bonafide interests of the public, consumers, employers, and/or others. Thus a check and balance mechanism is utilized to ensure the credibility and integrity of the credential and the credentialing process. This is the price professional associations must be willing to pay if they want their members credentialed, and those credentials to have credible meaning to the public.

--L. Gunn  
11/14/87



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## APPENDIX 2

### CHARACTERISTICS OF CREDENTIALING

1. Credentialing is a public pronouncement that institutions, programs, or individuals meet selected requirements which have meaning with regards to consumer choice. But inherent within any credentialing process is an unavoidable conflict of interests: You cannot credential for the public benefit without bringing about benefit to the credentialee.
2. Credentialing is restrictive. The credentialing process should be able to discriminate between those institutions, programs or individuals who meet certain qualifying requirements and those who do not. To the extent that a credential achieves that and it is actually needed for the public's benefit, it can have public value. But because credentialing is restrictive, if abused by professions or others, it can be used in anticompetitive ways to control markets, raise or fix prices, or to bring about more benefits to individuals or institutions at the expense of the public-at-large.
3. Credentialing is proliferative. It is the "keeping up with the Jones" phenomena between and within professionals. There is almost an uncontrollable desire to obtain credentials for even the most narrow scopes of practice among professionals and other health workers, and indeed by individuals in other occupations.
4. Credentialing is costly. While the process of credentialing, if done appropriately is costly in and of itself, the effects of credentialing raises costs. It decreases flexibility in the utilization of personnel, promotes the need for increased personnel resources, and usually raises the cost of the services of those who are credentialed. If the credential is valid and thus is reflected in enhanced quality, the increase cost may be beneficial. Currently, the link between selected credentials and quality have been more assumed than validated.
5. Credentials, over time, have the tendency to become more restrictive, i.e., they may be introduced as voluntary, but they become institutionalized in job or position qualifications and descriptions, or institutional practice privileges, and reimbursement mechanisms, and legalized as standards in malpractice cases and sometimes through recognition in state practice acts, state hospital codes, or other state or federal legislation or regulation. Often this has been facilitated by professional organizations whose members are

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credentialed. Thus voluntary credentials have the tendency to become mandatory even though they may still be conferred through voluntary or private agencies.

--I. Gunn  
11/14/87



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## APPENDIX 3

### SELECTED CRITERIA COMMON TO GOVERNMENTAL AND PRIVATE REVIEWERS OF CREDENTIALING BODIES

Because of the characteristics of credentials, it is incumbent upon credentialers to assure that their credential is valid and credible. Unfortunately, few credentials have actually been studied for their actual validity beyond the level of content validity or job relatedness. But if professional or voluntary credentialing is to remain a viable alternative to government credentialing, and continue to have real value in the marketplace, credentialers must assure that the credential serves first and foremost a public purpose. In order for credentialers to maintain credibility, there are several criteria that are essential to both the structure and process of the credentialing bodies. These characteristics are found in the review processes of the Council on Postsecondary Accreditation (COPA) and that of the U.S. Office of Education (USOE) for accreditation and that of the former National Commission for Health Certifying Agencies. They reflect the following:

1. The credentialing body has operational autonomy with regard to its establishment of:
  - a. Policies, standards, and criteria for evaluation.
  - b. Its review and decision-making process.
  - c. Its finances, being able to demonstrate fiscal stability.
2. Its decision-making body is comprised of members of the community of interests, including the public, affected by the credentialing process.
3. The decision-making body and reviewers avoid conflicts of interest.
4. The process for determining policy and setting standards and criteria for evaluation demonstrates a mechanism for input, and evidences responsiveness to the varied community of interests affected by the credential or credentialing process.

The actual criteria, along with comments, documentation (essential or suggested), guidelines or instructions (found in Appendices 3.a. and 3.b.) have been extracted from those defined for recognition by the above-named organizations and serve as the basis for defining the generally-accepted national standard for credentialing agencies within these parameters. While the profession of medicine has not subjected postgraduate medical education (medical residencies) and certification to such reviews, their certification bodies are separately incorporated, and the Residency Review Committees are not organized solely under the AMA or the particular specialty membership organization, but rather are separate bodies.

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- a. The U.S. Department of Education (USDE): The extracted material is from the "Suggestions for the Preparation of Petitions for Recognition By the U.S. Secretary of Education", from the Eligibility and Agency Evaluation Staff, Office of Postsecondary Education, U.S. Department of Education (May, 1981). This document is still in force. The comments and documentation are those appearing in the document and represent guidance from the Eligibility and Agency Evaluation Staff for purposes of demonstrating compliance with the criteria. Documentation denoted by an asterisk [\*] is usually considered essential to include, other documentation listed should be considered as suggested.
- b. The Council on Postsecondary Accreditation (COPA): The extracted material is from the document, "Provisions and Procedures for Becoming Recognized as an Accrediting Body for Postsecondary Educational Institutes or Programs", published by the Council on Postsecondary Accreditation, July, 1986.
- c. The National Commission For Health Certifying Agencies (NCHCA): The extracted material is from the "Application for Membership of the National Commission for Health Certifying Agencies (1983)".

--I. Gunn  
11/87

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## APPENDIX 3.a.

### EXTRACTS FROM USOE, COPA, AND NCHCA CRITERIA, COMMENTS, DOCUMENTATION (ESSENTIAL OR SUGGESTED), GUIDELINES, INSTRUCTIONS RELATING TO FISCAL AUTONOMY

(In general, USOE, COPA, and NCHCA operate from the perspective that "he who holds the gold, makes the rules" and thus have mandated fiscal autonomy.)

#### 1. U.S. Department Of Education requirements:

USOE Criterion (a)(3)(ii): The agency or association defines its fiscal needs, manages its expenditures, and has adequate financial resources, as shown by an externally audited financial statement.

Documentation: A copy of the most recent externally-audited financial statement of the accrediting commission or of the agency.

Minutes of budget committee meetings indicating how the budget for accreditation activities is formulated and approved.

Annual budgets for the accrediting operation.

Criterion 2.c. (ii): The agency's or association's fees, if any, for the accreditation process do not exceed the reasonable cost of sustaining and improving the process.

Documentation: A schedule of fees for site visits, consultation, or other evaluation services provided by the agency to applicant and member institutions or programs.

A schedule of annual dues.

Annual budgets for the accrediting operation.

Criterion 3.a. (i): It performs no function that would be inconsistent with the formation of an independent judgement of the quality of an educational program or institution.

Documentation: Published procedures ensuring that evaluative procedures and actions of the policy and decision-making bodies

are not constrained by competing interests, by the agency's source of financial support, by those interests of a professional or parent association which are not relevant to the assessment of the educational quality of an institution or program.

#### 2. The Council on Postsecondary Accreditation requires:

Criterion A. Concerning its organizational structure and scope, an accrediting body

A.4. Has the staff and financial resources to maintain effective evaluation and reevaluation procedures.

Interpretive Guideline: Current and accurate financial data, including budget projections and audited statements, and staffing information should be submitted as part of the application for recognition.

Criterion C. Concerning its evaluative practices and procedures, an accrediting body

C.9. Demonstrates that its process of accreditation, including length of terms, reporting requirements, sizes of teams, and fees or dues, is reasonable related to the purposes of accreditation.

#### 3. The National Commission For Health Certifying Agencies requires:

Criterion 2.c. Shall be administratively independent in matters pertaining to certification, except appointment of members of the governing body of the certifying agency. A certifying agency which is not a legal entity in and of itself shall provide proof that the agency's governing body is administratively independent in certification matters from the organization of which it is a part.

Instructions: 6. Is the agency financially independent, with no cash flow or other direction between the agency and the professional association? Yes \_\_\_\_\_ or No \_\_\_\_\_.

Criterion 3.a. Shall provide evidence that the agency has the financial resources to properly conduct the certification activities.

Instructions: Explain how the agency meets this criterion, giving details that indicate the agency has the financial resources to conduct the certification program in a



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continuing basis.

Respond to the questions below and (1) complete form on the following page or (2) submit the audited financial statements for the two most recent fiscal periods.

1. Does the certifying body derive any support or receive any services from the Professional Association or any other organization at no cost to the certifying body. If so, please specify and estimate the value of any such services.
2. Does the certifying body effect payments to the Professional Association or any other organization for services other than those directly associated with the certification process? If so, please specify the nature of such services and the amounts involved.
3. Does the certifying body provide the Professional Association or any other body with services or information not directly related to the certification process? If so, please specify and estimate the value of such services.
4. Describe the process used in determining the application/certification fee.
5. Are all costs associated with the certification process identified and recorded in a manner consistent with generally accepted accounting principles?

(The following page, referred to above, is not furnished but consists of (1) Income Data under the headings of Certification fees, Recertification fees, Grants, Contracts, Interest, Other (specify) and Total Income, and (2) Expense Data under the headings of Personnel (including fringe benefits), Test Construction, Test Administration, Announcements/Publications, Recertification, Utilities/Equipment, Other (specify), and Total Expenses.)

## APPENDIX 3.b.

EXTRACTS FROM USDE, COPA, AND NCHCA CRITERIA, COMMENTS, DOCUMENTATION (ESSENTIAL OR SUGGESTED), GUIDELINES, INSTRUCTIONS RELATING TO OPERATIONAL OR ADMINISTRATIVE AUTONOMY AND PUBLIC ACCOUNTABILITY:

### 1. U.S. Department of Education requirements:

Criterion (a) Functional aspects. Its functional aspects will be demonstrated by:

(a)(1)(ii) The agency or association clearly defines in its charter, by-laws, or accrediting standards the scope of its activities, including the geographical area and the types and levels of institutions or programs covered.

Comment: For agencies involved in programmatic accreditation, "types" refers to fields of specialty (for example, business, nursing, psychology) and the types of institutions in which these programs are offered, such as universities, colleges, institutes, hospitals, vocational schools, corporations, etc.

"Level" distinguishes between secondary and postsecondary education and also refers to academic credentials granted such as certificate, associate in science degree, bachelor's degree, doctoral degree.

Documentation: \* A copy of the agency's charter, by-laws or accrediting standards.  
The agency's constitution and/or articles of incorporation.

Criterion (b) Responsibility. Its responsibility will be demonstrated by the way in which--

(b)(2): It is responsive to the public interest, in that:

(b)(2)(1) The agency or association includes representatives of the public in its policy and decision-making bodies, or in an advisory or consultative capacity that assures attention by the policy and decision-making body.

Comments: As state in para 149.2 Definitions, of the criteria, "representatives of the public" means representatives who are laymen in the sense that they are not educators in, or members of, the profession for which the students are being prepared, nor in any way are directly related to the institutions or programs being evaluated.

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This criterion calls for more than one public representative to be involved in the accrediting process.

Documentation: \* Names and affiliations or occupations of public representatives. Description of how a public representative advisor or consultant impacts upon the policy and decision-making bodies.

Descriptions of the ways the public is informed about, and their views sought on accrediting issues.

\* The agency's criteria and procedures used for selection of public representatives.

Criterion (b)(2)(iii)(E): A description of the ownership, control and type of legal organization of the agency or association.

Documentation: Directory, constitution and by-laws, charter, or articles of incorporation.

Information concerning how this information is made available to the public.

Criterion (c) Reliability: Its reliability is demonstrated by:

1. Reflection in the composition of its policy and decision-making bodies of the community of interests directly affected by the scope of its accreditation.

Comment: The agency should describe the extent of its community of interests, and how the membership of its policy and decision-making bodies reflect those interests. Groups which an agency might consider as included in its community of interests could be faculty, administrators, institutions, programs, professions, employers, learners, and the general public.

Documentation: \* A description of the agency's community of interests.  
\* Describe how the members of the policy and decision-making body reflect this community of interests.  
A copy of the agency's criteria and procedure for appointing or selecting members to the policy and decision-making bodies.

Criterion (d) Autonomous: Its autonomy is demonstrated by evidence that -

Documentation: \* Statements from the charter, constitution and by-laws, or other document that define the agency's purposes and functions and the limits of authority of a parent organization.

Criteria (d)(1): It performs no function that would be inconsistent with the formation of an independent judgement of the quality of an educational program or institution:

Documentation: Published procedures ensuring that evaluative procedures and actions of the policy and decision-making bodies are not constrained by competing interests, by the agency's sources of financial support, by those interests of a professional or parent association which are not relevant to the assessment of the educational quality of an institution or program.

Criteria (d)(2): It provides in its operating procedures against conflicts of interest in the rendering of its judgments and decisions.

Comment: The agency should state its procedures for ensuring that staff, consultants, members of evaluation teams, and members of the policy and decision-making bodies do not have multiple interests that could prejudice accrediting decisions.

Documentation: A description of the agency's internal review system or procedures which ensure against possible conflicts of interest.

2. The Council on Postsecondary Accreditation requirements.

A. Concerning its organizational structure and scope as accrediting body

Criterion A.2.: Demonstrates operational independence for making objective judgements relative to accreditation status, policies, procedures and criteria.

Interpretive Guideline: The purpose of this requirement is to assure that objective educational evaluation is paramount in the accrediting process. There is no one organizational structure which guarantees operational independence.



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## B. Concerning its public responsibility, an accrediting body

**Criterion B.1 :** Demonstrates the need to be met by its accreditation activity, as well as its reliability, competence, and experience by providing evidence of acceptance of its policies, evaluative criteria, procedures, and evaluative decisions by the community of interests directly affected by the body, namely, educators, educational institutions, other accrediting bodies, practitioners, and employers:

**Interpretive Guideline:** The factors to be considered in demonstrating the need for accreditation are described in the JCPA document entitled "Pre-application Process and Procedures for Accrediting Bodies Seeking Initial Recognition." Accrediting bodies applying for continued recognition with no change of accrediting scope generally will not be required to document fully the need for accreditation unless information exists which calls into question that need.

**Criterion B.1.1:** Reflects within its evaluation policy and decision-making processes the community of interests directly affected by the accrediting body including effective public representation:

**Interpretive Guideline:** The accrediting body should show a balance among the communities of interest: institutional accrediting bodies should include both academic and administrative personnel; specialized accrediting bodies should include not only educators and practitioners; and all accrediting bodies should have effective public representation. Additional guidance on a body's fulfillment of its public responsibilities can be found in the JCPA policy statement "Accreditation and the Public Interest."

**Criterion C:** Concerning its evaluative practices and procedures an accrediting body

3.1. Appoints to visiting teams, in consultation with institutional or program officials, persons who are competent by virtue of experience, training and orientation, and takes reasonable precautions to insure that those selected will develop and articulate objective opinions and decisions free of self-interest and professional bias:

3.2. The National Commission for Health Certifying Agencies requirements:

**Criterion 2.c.** Shall be administratively independent in matters pertaining to certification except appointment of members of the governing body of the certifying agency. A certifying agency which is not a legal entity in and of itself shall provide proof that the agency's governing body is administratively independent in certification matters from the organization of which it is a part:

- Instructions:
1. What percent of the governing body is chosen by the profession being certified? \_\_\_\_\_
  2. Are decisions of the governing body reversible by the professional association of the certified profession? Yes \_\_\_\_\_ or No \_\_\_\_\_
  3. Are decisions of the governing body reversible by any organization other than the professional association of the certified profession? Yes \_\_\_\_\_ or No \_\_\_\_\_. If yes, who? \_\_\_\_\_
  4. What is the legal relationship of the agency with the professional association of certified profession.
  5. Does a formal legal tie or agreement exist between the agency and any other organization? Yes \_\_\_\_\_ or No \_\_\_\_\_. If yes, list organization(s) and the nature of the tie or agreement.

**Criterion 2.g.:** Shall provide evidence that the public consumer and the supervising professions and/or employers of the health professional have input into the policies and decisions of the agency, either through membership on the governing body or through formalized procedures as advisors to the governing body

**Criterion 2.h.:** The certifying board of a professional organization shall be separate from the accreditation body of the professional organization.

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Consultant SET Re: ANA Credential Program (IG/11/87)

## APPENDIX 4

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## APPENDIX 5

EXTRACT OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETIST'S BYLAWS  
RE: CREDENTIALING COUNCILS AUTONOMY



Bylaws of the  
American Association of  
Nurse Anesthetists

1987

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Requires modification, the Committee shall submit appropriate suggestions for termination or modification to the Board of Directors to be considered by them for submission in the form of a resolution at the next Annual Meeting. All resolutions proposed by the Board for termination or modification of an existing resolution shall be submitted and acted upon in the same manner as all other resolutions as provided for in these Bylaws.

## Article XIX

## Amendments

## Section 1. Procedure.

Proposed amendments to the Bylaws or to the Articles of Incorporation of the ASSOCIATION must be submitted in writing by five Active members to the Executive Director not less than 90 days prior to the next Annual Meeting. The proposed amendments shall be referred to the Bylaws Committee for review and recommendations and then shall be forwarded to the membership at least 30 days prior to the Annual Meeting. At a business meeting, the proposed amendments to the Bylaws shall be submitted for a vote of those in attendance. Amendments to these Bylaws or the Articles of Incorporation of the ASSOCIATION may be adopted by an affirmative vote of two-thirds of those members present and voting.

## Section 2. Emergency Amendments.

Any change in the corporate or tax status of the ASSOCIATION, or its ability to carry out, perform or accomplish any of its purposes or objectives, or the purposes or objectives of its affiliated Councils, caused by any threatened or completed modification, repeal, or amendment of any currently existing statute, regulations, case or administrative decision or interpretation, whether federal, state, or local for an agency or subdivision thereof which affects or impairs the functions of the ASSOCIATION, which in the discretion of the Board of Directors, requires immediate amendment of the Bylaws or Articles of Incorporation shall, notwithstanding the preceding section, empower the Board of Directors to amend the Articles of Incorporation or these Bylaws in any respect they deem necessary or desirable to ensure complete compliance with any proposed or existing change or changes, without any prior approval of the voting membership.

## Section 3. Standing Rules

The Standing Rules may be amended by a two-thirds vote at any time or by a majority vote if notice of the proposed amendment has been given at the previous meeting or in the call for the meeting or by the Board of Directors in accordance with Section 2 above.

## Article XX

## Council on Accreditation of Educational Programs of Nurse Anesthesia

## Section 1. Council.

There shall be a Council on Accreditation of Educational Programs of Nurse Anesthesia which shall initially consist of 11

individuals representing the community of interest involved in the accreditation process as follows: two members representing the public at large; a student actively engaged in a program of nurse anesthesia; one representative of hospital administration, either public or private; one qualified physician anesthesiologist; two CRNA practitioners who are actively engaged in the administration of nurse anesthesia; three CRNA educators who are actively engaged in the teaching or administration of nurse anesthesia programs; and the Chairman of the Education Committee of the ASSOCIATION who shall serve in this capacity by virtue of said office as a full voting participant. The membership composition on this Council may be changed, modified or altered as may, from time to time, be deemed necessary or desirable by amending the Bylaws of said Council as hereinafter provided without complying with the procedures for amending these Bylaws.

Those individuals who are currently serving on the Council on Accreditation, an Ad Hoc Committee of the ASSOCIATION, shall constitute initial members of the Council on Accreditation of Educational Programs of Nurse Anesthesia who shall serve for their appointed term. Thereafter, members of the Council, except for hospital administrators and physician members, shall be elected and appointed by the members of the Council from a slate of candidates proposed by the Board of Directors of the ASSOCIATION. Such slate of candidates shall include a minimum of three nominees for each vacancy to be filled.

## Section 2. Purposes

The purposes of the Council shall be:

- To advise, formulate and/or adopt standards, guidelines and criteria for the accreditation of nurse anesthesia educational programs, subject to review and comment by the Board of Directors of the ASSOCIATION.
- To accredit nurse anesthesia educational programs.

## Section 3. Financial Affairs.

The Council shall be solely and exclusively responsible for its financial affairs, the allocation of its funds, expenditures and obligations. No funds, assets, receivables, or obligations shall be commingled with the ASSOCIATION'S funds, assets, receivables or obligations but shall remain separate and apart. All of the revenues received by this Council shall be and remain the sole and exclusive property of said Council. All grants, or other allocation or transference of funds by the ASSOCIATION to the Council shall be unrestricted and shall be deposited to the credit of the Council in banks, trust companies or other depositories as the Council may select.

## Section 4. Operations.

The Council shall be solely and exclusively responsible for its internal affairs including the election of its own officers for a term of office as provided in the Bylaws of the Council. The Council shall appoint such committees as it shall deem advisable and shall engage in such activities which are consistent with the purposes of this Council, as herein provided, and as provided in its Bylaws.

## Section 5. Bylaws, Rules and Standards.

The Council shall adopt such Bylaws, rules, and regulations as it deems necessary or advisable.

## Article XXI

## Council on Certification of Nurse Anesthetists

## Section 1. Council.

There shall be a Council on Certification of Nurse Anesthetists which shall initially consist of 11 individuals representing the community of interest involved in the process of certification of nurse anesthetist practitioners as follows: two CRNA educators who are actively engaged in the teaching or administration of a nurse anesthesia program; one qualified physician anesthesiologist; four CRNA practitioners or consumers of the nurse anesthesia program; one representative of hospital administration, either public or private; one member representing the public at large; and two student representatives who are currently enrolled and actively engaged in an educational program of nurse anesthesia.

The membership composition of this Council may be changed, modified or altered as may, from time to time, be deemed necessary or desirable by amending the Bylaws of said Council as hereinafter provided without requiring compliance with the procedures for amending these Bylaws.

Those individuals who are currently serving on the Council on Certification, an Ad Hoc Committee of the ASSOCIATION, shall constitute initial members of the Council on Certification of Nurse Anesthetists who shall serve for their appointed term. Thereafter, members of the Council, except for hospital administrators and physician members, shall be elected and appointed by the members of the Council from a slate of candidates proposed by the Board of Directors of the ASSOCIATION. Such slate of candidates shall include a minimum of three nominees for each vacancy to be filled.

## Section 2. Purposes.

The purposes of this Council shall be:

- To formulate and adopt requirements, guidelines, and prerequisites for certification, and for eligibility to take the certifying examination, subject to review and comment by the Board of Directors of the ASSOCIATION.
- To formulate, adopt, and administer such qualifying examination as it shall deem advisable to those eligible nurse anesthetists who have met all the qualifications for examination.
- To evaluate the candidate's performance on such examinations.

## Section 3. Initial Certification.

The Council on Certification of Nurse Anesthetists shall grant initial certification to those candidates who successfully complete the certifying examination formulated by such Council and who comply with the other criteria for eligibility, said initial certification to be for a period not to exceed two fiscal years unless revoked prior thereto by the Council on Certification of Nurse Anesthetists in accordance with its established criteria.

## Section 4. Financial Affairs.

The Council shall be solely and exclusively responsible for its financial affairs, the allocation of its funds, expenditures, and obligations. No funds, assets, receivables, or obligations shall be commingled with the ASSOCIATION'S funds, assets,

receivables or obligations but shall remain separate and apart. All of the revenues received by this Council shall be and remain the sole and exclusive property of said Council. All grants, or other allocations or transference of funds by the ASSOCIATION to the Council shall be unrestricted and shall be deposited to the credit of the Council in banks, trust companies or other depositories as the Council may select.

## Section 5. Operations.

The Council shall be solely and exclusively responsible for its internal affairs including the election of its own officers for a term of office as provided in the Bylaws of the Council. The Council shall appoint such committees as it shall deem advisable and shall engage in such activities which are consistent with the purposes of this Council, as herein provided, and as provided in its Bylaws.

## Section 6. Bylaws, Rules and Standards.

The Council shall adopt such Bylaws, rules and regulations as it deems necessary or advisable.

## Article XXII

## Council on Nurse Anesthesia Practice

## Section 1. Council.

There shall be a Council on Nurse Anesthesia Practice which shall initially consist of 11 individuals representing the community of interest involved in nurse anesthesia practice as follows: one CRNA educator who is actively engaged in the teaching or administration of a nurse anesthesia program; one qualified physician anesthesiologist; four CRNA practitioners; one representative of hospital administration, either public or private; two members representing the public at large; one student representative who is currently enrolled and actively engaged in an educational program of nurse anesthesia; and the Chairman of the Continuing Education Committee of the ASSOCIATION who shall serve in this capacity by virtue of said office as a full voting participant.

Those individuals who are currently serving on the Council on Nurse Anesthesia Practice, an Ad Hoc Committee of the ASSOCIATION, shall constitute initial members of the Council on Nurse Anesthesia Practice who shall serve for their appointed term. Thereafter, members of the Council, except hospital administrators or physician members, shall be elected and appointed by members of the Council from a slate of candidates proposed by the Board of Directors of the ASSOCIATION. Such slate of candidates shall include a minimum of three nominees for each vacancy to be filled.

## Section 2. Purposes.

The Council on Practice as a multi-disciplinary body, with public representation is charged with the responsibility to protect the public interest in matters of nurse anesthesia practice. In the fulfillment of this responsibility, the purposes of the Council are:

- To monitor the quality of anesthesia care and to the CRNA and/or members of the AANA for the purpose of:

1. Informing the membership.
2. Providing an ongoing evaluation for the practice of anesthesia.



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## BOARD OF CERTIFICATION

3. Providing informational data on medical-legal action.
4. Acting as a coordinating body between educational programs and employers of graduates from these programs.
- B. To make recommendations to the Board of Directors, Councils, and Committees on:
  1. Matters pertaining to the educational standards for accreditation.
  2. Matters pertaining to the certification of individuals.
  3. Joint-practice statements pertaining to anesthesia practice.
- C. To serve as an appellate body for the purpose of:
  1. Reviewing issues and making recommendations to the Board of Directors relevant to individual practitioners as stated in AANA Bylaws, Article V, Section 2.
  2. Act as the appellate body for the Council on Accreditation.
- D. To serve other purposes as may be referred to or identified by the Council which are considered in the public interest.

## Section 3. Financial Affairs.

The Council shall be solely and exclusively responsible for its financial affairs, the allocation of its funds, expenditures, and obligations. No funds, assets, receivables, or obligations shall be commingled with the ASSOCIATION'S funds, assets, receivables or obligations, but shall remain separate and apart. All of the revenues by this Council shall be and remain the sole and exclusive property of said Council. All grants, or other allocation or transference of funds by the ASSOCIATION to the Council shall be unrestricted and shall be deposited to the credit of the Council in banks, trust companies or other depositories as the Council may select.

## Section 4. Operations.

The Council shall be solely and exclusively responsible for its internal affairs including the election of its own officers for a term of office as provided in the Bylaws of the Council. The Council shall appoint such committees as it shall deem advisable and shall engage in such activities which are consistent with the purposes of this Council, as herein provided, and as provided in its Bylaws.

## Section 5. Bylaws, Rules and Standards.

The Council shall adopt such Bylaws, rules and regulations as it deems necessary or advisable.

## Article XXIII

## Council on Recertification of Nurse Anesthetists

## Section 1. Composition.

There shall be a Council on Recertification of Nurse Anesthetists consisting of nine individuals representing the community of interest involved in nurse anesthesia as follows: one Active recertified member who is actively engaged in the teaching or administration of a nurse anesthesia program; four Active recertified members who are active nurse anesthesia practitioners; one board certified anesthesiologist who has a current working relationship with CRNAs; one board certified surgeon who has a current working relationship with CRNAs; one member representing the public at large, the

Chairman of the Continuing Education Committee of the American Association of Nurse Anesthetists who shall serve in this capacity by virtue of said office as a full voting participant. Those individuals who are currently serving on the Council on Recertification, an Ad Hoc Committee of the ASSOCIATION, shall constitute the initial members of the Council on Recertification of Nurse Anesthetists who shall serve their appointed term. Thereafter, members of the Council shall be elected and appointed by the members of the Council from a slate of candidates proposed by the AANA except the physician candidates who shall be proposed by their respective certifying body or professional association. Such slate of candidates shall include a minimum of three nominees for each vacancy to be filled.

## Section 2. Purposes.

The purposes of the Council are to

- A. Formulate and adopt a criteria for eligibility for recertification of CRNAs based upon participation in approved continuing education activities and other recognized activities conducive to professional proficiency. Such criteria shall be subject to review and comment by the Board of Directors of the ASSOCIATION.
- B. Formulate and adopt criteria for approval of Continuing Education programs and offerings.
- C. Formulate and adopt criteria for delegating to recognized national continuing education agencies the authority to approve continuing education programs and offerings which recognition shall be reviewed no less frequently than every five years. A fee for such recognition process may be charged which shall not exceed \$2500. Prior to granting such recognition, the Council shall review capabilities of the nationally recognized continuing education agency and evaluate at least five programs or offerings sponsored by said agency.
- D. Develop and maintain appropriate mechanisms for a hearing and appellate review for individuals, programs, or agencies seeking certification or recognition who have received a denial.
- E. Develop and maintain an appropriate mechanism for the final determination of charges or other allegations against individuals currently holding certification by the Council.
- F. Make recommendations to the Board of Directors, Councils and Committees in conformity with stated purposes.

## Section 3. Delegation.

The Board of Directors hereby delegates to the Council on Recertification of Nurse Anesthetists the right to recertify those candidates who meet the established criteria. Recertification shall be for a period of time not to exceed two years unless revoked by the Council prior thereto.

## Section 4. Financial Affairs.

The Council shall be solely and exclusively responsible for its financial affairs, the allocation of its funds, expenditures, or obligations. No funds, assets, receivables, or obligations shall be commingled with the ASSOCIATION'S funds, assets, receivables or obligations, but shall remain separate and apart. All of the revenues received by this Council shall be and remain the sole and exclusive property of said Council. All grants, or other allocations or transference of funds by the ASSOCIATION to the Council shall be unrestricted and shall be deposited to the credit of the Council in banks, trust companies or other depositories as the Council may select.

## Section 5. Operations.

The Council shall be solely and exclusively responsible for its internal affairs including the election of its own officers for a term of office as provided in the Bylaws of the Council. The Council shall appoint such committees as it shall deem advisable and shall engage in such activities which are consistent with the purposes of this Council as provided herein and as provided in its Bylaws.

## Section 6. Bylaws, Rules and Standards.

The Council shall adopt such Bylaws, rules and regulations as it deems necessary or advisable.



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## APPENDIX 6

COMMITTEE ON RECOGNITION, COUNCIL ON POSTSECONDARY ACCREDITATION,  
RECOMMENDATIONS RE: BOARDS OF REVIEW FOR PRACTICAL NURSE,  
ASSOCIATE DEGREE, DIPLOMA AND BACCALAUREATE AND HIGHER DEGREE  
PROGRAMS, NATIONAL LEAGUE FOR NURSING

## Boards of Review for Practical Nurse, Associate Degree, Diploma and Baccalaureate and Higher Degree Programs National League for Nursing

The Committee on Recognition recommends that the Council grant continued recognition for a period of five years. The scope of this recognition is accreditation of practical nurse, associate degree, diploma and baccalaureate and higher degree programs. This recognition includes membership and participation in the Assembly of Specialized Accrediting Bodies.

The Committee further requests that the League submit a report to the COPA office by May, 1989 addressing the following issues:

- o the need to demonstrate operational independence and reasonable assurance of continuity for each of the four councils responsible for carrying out accreditation. According to the current NLN Bylaws, continuance of a council is at the pleasure of the NLN Board after consultation with the council's executive committee rather than with the institutions and/or programs involved as represented in the councils (Provisions A.2. and B.1.);
- o the need to develop continuity in the directorship of the accreditation division (Provision A.4.); and
- o the need to demonstrate continued financial stability (Provision A.4.).

To help accomplish the above, the Committee recommends that NLN conduct a focused analysis of its policies and procedures, particularly as these relate to maintenance of a cooperative climate and a positive and coherent context for the League's accreditation functions. Continued recognition is contingent on the submission of a satisfactory report.



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# BOARD OF CERTIFICATION

## AMERICAN NURSES' ASSOCIATION

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#### JOINT TASK FORCE ON SELF-STUDY

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